

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009953

1. Entity Name
DAC PLASTICS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90057 028 ***150.00

Principal Place of Business

444 BRICKELL AVE STE 300
MIAMI FL 33131

Mailing Address

444 BRICKELL AVE STE 300
MIAMI FL 33131-2472

2. Principal Place of Business

17027 W. DIXIE HWY.

Suite, Apt. #, etc.

SUITE 115

City & State

NORTH MIAMI BEACH - FL

Zip

33160

Country

USA

3. Mailing Address

17027 W. DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 115

City & State

NORTH MIAMI BEACH

Zip

33160

Country

USA

4. FEI Number

65-0893511

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERKIN, STEWART A
444 BRICKELL AVE STE 300
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

ISTVAN MOZES

Street Address (P.O. Box Number is Not Acceptable)

21205 YACHT CLUB DRIVE

APT 1604

City

AVENTURA

FL

Zip Code

33180

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P
STREET ADDRESS	JOSE CARLOS MONTELEONE
CITY-ST-ZIP	RUA TUPI 54
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V
STREET ADDRESS	ISTVAN MOZES
CITY-ST-ZIP	21205 YACHT CLUB DRIVE APT 1604
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	AVENTURA - FL - 33180
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/2000

Date

305-949-0309

Daytime Phone #

CR2E034 (9/99)